

ANNUALREPORT2022

GLOBALFUND/SAVE THE CHILDREN INTERNATIONAL (SCI)

NATIONAL HIV AND AIDS PROGRAM CARE AND SUPPORT

TRISULI PLUS COMMUNITY ACTION GROUP

BIDUR, NUWAKOT

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CHAPTER I

ORGANIZATIONAL INTRODUCTION

1.1 Background

Trishuli Plus is a community-based non-profit, politically non-aligned, non-governmental organization (NGO) that offers services for HIV and TB prevention, care, support, and treatment. It was founded in 2006 and is part of the Trishuli Action Group. Trishuli Plus is currently a women-led group. Through their participation as executive board and general members of important national decision-making platforms as well as through the mobilization of PLHIV and TB affected communities as outreach staff and peer speakers, Trishuli Plus fosters meaningful community involvement in the development of health policy in Nepal. Trishuli Plus has become one of the leading organizations for HIV-related activities in Nuwakot and Rasuwa districts. Through the implementation of its positive prevention programs, community care centers, prevention program among migrants and their spouses, TB community mobilization, and awareness raising activities, Trishuli Plus has been able to serve more than 200 PLHIV, all of whom are from the migrant community, for improving health and well-being and reducing HIV-related stigma (S&D). The Trishuli Plus field office has been operating in Kathmandu since 2020 as part of the HIV prevention initiative for migrant workers and their spouses in the Kathmandu Valley. Additionally, Trishuli Plus has excellent working relationships with the District AIDS Coordination Committee (DACC), District Coordination Committee (DCC), District Health Office (DHO), and other district organizations.

1.2 Vision

Community Free from any kind of disease and live a life with dignity, good health and equality.

1.3 Mission

To create a community where people can live a healthy life by providing preventive, primitive and curative services

CHAPTER-II

PROJECTS

2.1. National HIV and AIDS program-Care and Support

HIV is a major global public health issue and there were approximately 37.7 million people living with HIV at the end of 2020. Around 680000 people died from HIV – related counseling 2020 and 1.5 million people were newly infected. (WHO,2020). Similarly in Nepal, 30,300 people are estimated to be living with HIV and new infection of HIV in 2020 was estimated to be 754. As of July 2018, total reported cases of HIV since the last ART of epidemic in Nepal was 40,341. Major risk groups associated with HIV infection in Nepal are People who inject drugs (PWID), Sex workers and their clients (Male and Female), Men who have Sex with Men (MSM) and Transgender people, Male labor migrants and their wives and Prison In mates. (NCASC,2020).

People who inject drugs (PWIDs), female sex workers (FSWs), clients of FSWs, men who have sex with men (MSM), and male migrants to high HIV prevalence are as in India are considered to be at highest risk. HIV is spreading to other population groups previously considered to be at low risk, including spouses of migrant workers, female partners of PWIDs and MSM. Increasing number of children are infected or affected by AIDS.

Registered networks of key population (KPs) and People Living with HIV (PLHIV) are highly active throughout the country and are playing crucial role in demand generation, service delivery and advocacy. The presence of Community care centers, run by civil society groups and affected communities in support of ART delivery sited, has been recognized as beneficial by patients and health workers alike. However, to scale up service delivery and make it more cost effective and sustainable, there is a need for greater integration of non-governmental and community-led services and government services.

The inclusion of PLHIV is crucial for an efficient response from the start and for promoting the meaningful engagement of communities in HIV response. For all KP, more attention must be paid to HIV awareness messages that are successful and emphasize how treatment improves health outcomes, including survival.

To achieve "optimal IRRTR 95-95-95 by 2026 and ending AIDS by 2030," the project has been devised. Through this program, prevention, care and support and treatment services regarding HIV/AIDS, in Nuwakot and Rasuwa district among PLHIVs

Will be scaled up by counseling and outreach activity at various clusters where these groups of population are supposed to be a bund ant. Furthermore this program focuses on providing support to the PLHIVs for treatment of HIV, identifying the new HIV infections and enrolling them into treatment. This project is implemented in line with national HIV/AIDS strategic plan and in close coordination with local, district and national level stake holders such as manpower agencies, hotels, orientation centers, NGO/INGO' , hospitals and health centers, Municipalities, ward offices (of our clusters), DPHO, DAO, DDC, DACC, NCASC, etc.

2.1.1 Goal and Program Objectives

The goal of the project is to achieve optimized IRRTR 95-95-95 by 2026 and ending AIDS by 2030. The objectives are:

- Accelerate and scale up comprehensive package of services for people living with HIV in selected districts
- Expand access to and coverage of quality, equitable and gender- sensitive HIV, treatment, care and support through strengthening health and community systems
- Scale up the capacity of local PLHIV led Community based organizations by integrating and strengthening community efforts and HIV related services

2.1.2 Target Groups

- People living with HIV&AIDS
 - ✓ Migrants and their spouses
 - ✓ People who inject drugs
 - ✓ Sex workers and their clients

2.1.3 Coverage area of the Program

Trishuli Plus has covered 2 Districts of Nepal. The name of the Districts as following;

- Nuwakot
- Rasuwa

CHAPTER-III

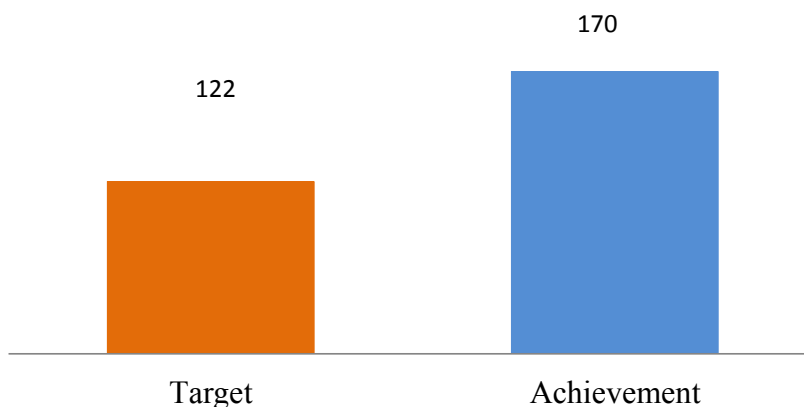
PROJECTACTIVITIES

1. Community Care center (CCC)
2. Community Home based care (CHBC)
3. Children Affected by AIDS (CABA)
4. Community led Testing (CLT)
5. Re-active case finding
6. Viral Load

3.1. Community Care Center:

CCC is a short-term care home providing very essential support to PLHIV during their visit. CCC is equipped in term so physical facilities, infrastructure and nutritional package required for the functional CCC for quality care and support services to PLHIV. The CCC is entirely managed by PLHIV team members so that new PLHIV feel comfortable to visit there for the services. The CCC is equipped for the need full-service like positive prevention, medical care, residential facility, nutritional support, and treatment literacy for ART adherence, psychosocial counseling, care and support and other linkages for needful services including treatment for TB-HIV co-infection with robust referral mechanism with in and out of district. In the year 2022, a total of 170 people living with HIV(PLHIVs) received services from CCC of Trishuli Plus, while the target was 122.

CCC-Target Vs Achievement



CCC Service									
Month	Nutrition			Start Art	psychosocial Counseling	Medical Treatment	Condom	Needy	IG
	m	f	Total						
Jan	9	4	13		12	1	100	10	
Feb	4	12	16	2	14	3	180	6	
March	5	15	20		19	2	120		
April	4	10	14		12	3	60	6	
May	4	10	14		13	3	110	6	1
June	7	11	18	1	16	4	190	6	1
July	2	5	7	1	4	1	50	6	
Aug	5	6	11		10	2	40	6	
Sep	5	15	20	2	18	3	90	6	1
Oct	4	3	7		6		90	6	
Nov	5	11	16	3	14	3	100	6	1
Dec	5	9	14	1	14	1	80	6	
	59	111	170	10	138	26	1130	70	4

3.1.1 PLHA receiving Nutritional support

A total of 170 clients were provided nutritional support from CCC, in the year 2022.

3.1.2 New ART Start in CCC

A total of 10 clients ART start from CCC, in the year 2022.

3.1.3 PLHIV receiving psychological counseling support

A total of 138 clients received psychological counseling support, in the year 2022.

3.1.4 PLHA receiving medical support

A total of 26 clients were provided nutritional support from CCC, in the year 2022.

3.1.5 Condom Distribution

In the year 2022, a total of 1130 condoms were distributed throughout the year.

3.1.6 PLHA receiving CABA support

A Total of 10 client received CABA Support, I the year 2022.

3.1.7 PLHIV receiving needy support

A Total of 70 needy client received transportation cost, in the year 2022.

3.1.6 PLHIV receiving IG support

A total Of 4 client received widowed HIV Positive support, in the year 2022.

3.1.6 Referrals

Effective referral systems from the community to the health care facility are essential to save lives and ensure equality and a continuum of care. Trishuli Plus provides referral services to the nearest health facility, if any of the clients are found susceptible to any health problem or issues. Trishuli Plus provides following referral services to the clients.

- **Referral to OI**
4 clients were referred for opportunistic infections.

- **Referral for PMTCT**
7 clients were referred for PMTCT.

- **Referral to ART**
41clients were referred to ART.

- **Referral to Viral Load**
31 clients were referred for viral load.

- **Referral to LFT**
38 clients were referred for LFT.

- **Referral to TB**
15 Clients were referred for TB.

- **Referral to Others**
8 clients were referred to Others institutionation.

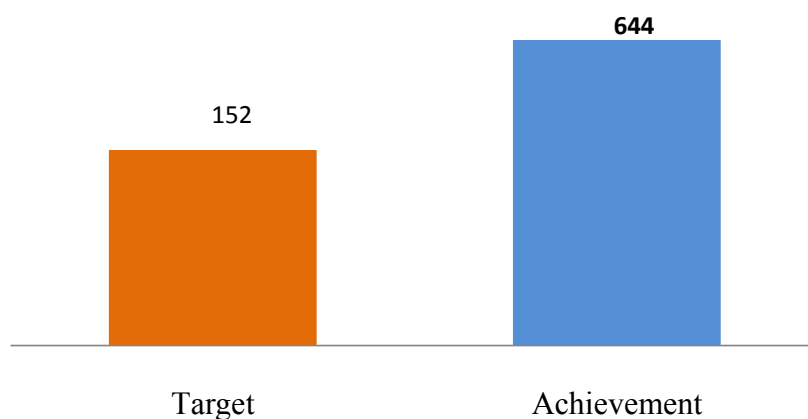
3.2. Community Home Based Care (CHBC)

CHBC is care in the home and community which responds to the physical, social, emotional and spiritual needs of PLHA and family from diagnosis to death and through bereavement. It aims to reduce suffering and increase quality of life by providing responsive care, increasing self-care skills, linking clients to needed services and empowering PLHA and families to manage HIV in the home and community.

Trishuli Plus follows the national package of CHBC for adherence, nutritional education, hygiene and sanitation, family planning, referral and linking with Social services, emotional/spiritual support and counseling, infection prevention and self-care to end of life.

In the year 2022, a total of 644 adults and children living with HIV currently received C&S services outside facilities (CHBC)

CHBC-Target Vs Achievement



CHBC												
CHBC Service												
Month	Total			Service Condom	Referral							Remarks
	m	f	T		Art	PMTCT	TB	CCC	V.L	F.P	LFT	
Jan	26	23	49	210			1	2			1	
Feb	34	17	51	210	2		12	7			10	
March	26	31	57	390	2		14	17			19	
April	26	24	50	180			10	8			10	1 Death
May	20	35	55	245	1	2	8	12	3		7	
June	25	31	56	380	1	1	4	19	14	1		
July	23	27	50	160	3	2	5	7	3		3	
Aug	17	33	50	250		1	5	6			6	
Sep	27	36	63	370	2	1	2	39	45			1 EID
Oct	21	20	41	180	1			2				
Nov	26	40	66	350			2	9	10			
Dec	26	30	56	235	2			5				
TOTAL	297	347	644	3160	14	7	63	133	75	1	56	

CHBC staffs of Trishuli Plus reaches to PLHIVs and provide education and information on the following areas:

- 1) Condom
- 2) Counseling
- 3) Family Planning
- 4) HIV and AIDS
- 5) Nutrition
- 6) OI
- 7) Positive Prevention
- 8) Prevention of Infection
- 9) Side Effect
- 10) Tuberculosis (TB)

In addition to this, following services are provided through CHBC:

- 1) Fever
- 2) Other
- 3) Pain Management
- 4) Infection

3.2.1 Condom distribution (Pcs)

A total of 3,160 condoms were distributed to the clients by CHBC staffs, throughout the year 2022.

3.2.2 Referral

Trishuli Plus conduct a service mapping of service providers of HTC,STI,CD4,viral load, OI,ART,EVT/PMTCT need for PLHIV within the district and outside as well with contact detail and placed in the CCC so that it will be helpful accessing the services. CHBC team and CCC team work in coordinated way so that there will be easy for the PLHIV for accessing support from Social Support Unit in the PHC/Hospital to manage diagnostic cost for CD4, LFT, X-ray etc.

Trishuli plus provides referral services for the following services to the clients.

- 1) ART
- 2) PMTCT
- 3) TB
- 4) Community Care Center
- 5) Viral Load
- 6) Family Planning
- 7) LFT

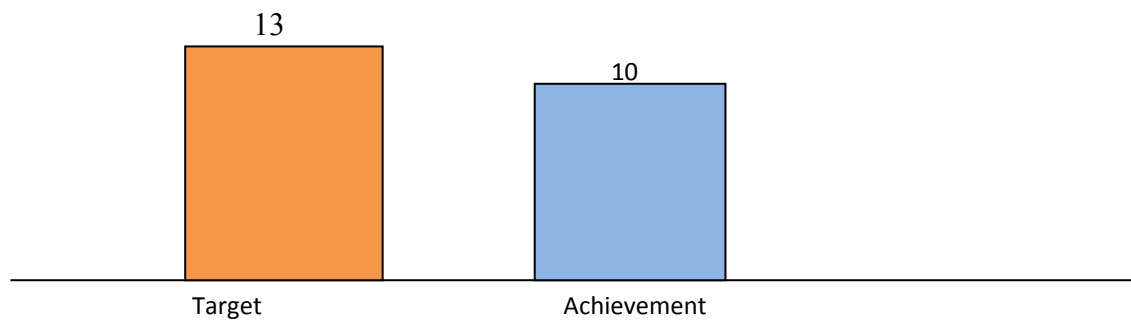
3.3. Children Affected By AIDS (CABA)

HIV and AIDS have been a well-recognized pandemic throughout the world over the past two decades. Globally, an estimated 37.9(32.7–44.0) million people lived with HIV by the end of 2018. Among these, 1.7million (1.3-2.2) are children aged below 15 (UNAIDS, 2019). HIV infection among adults has caused immense impaction children. Globally, around 160000 children aged 0–14 years are newly infected with HIV in 2018, asper UNAIDS estimates.

Trishuli plus has been providing support to children living with AIDS (CLHIVs) to enhance the health and development of children.

Under CABA program, PLHIVs are supported through cash transfer program as well as nutritional support to children aged Under 5 years.

The program implements through the Community Care Centre. Children affected by AIDS are provided cash support of Rs.1000 each month for their development. In the year 2022,10 children were provided cash support by Trishuli Plus.



3.3.2 Nutritional Support for children aged 5 and under

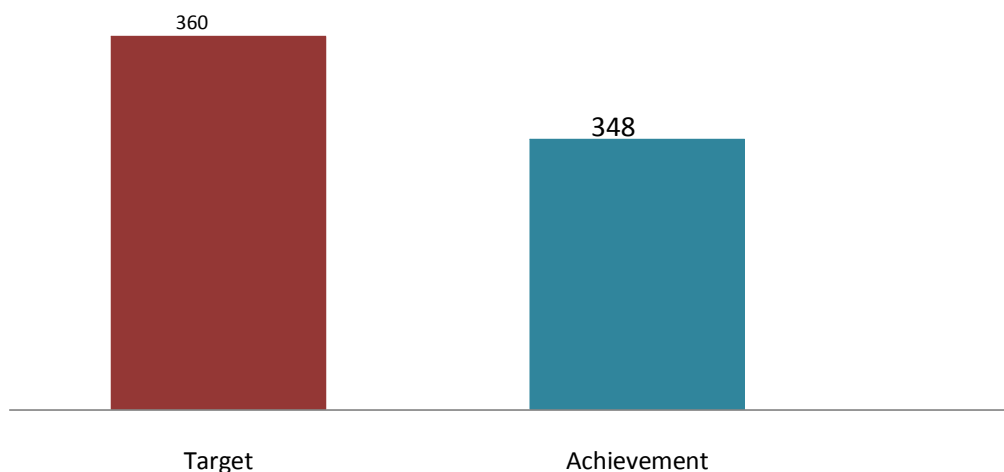
Trishuli Plus provides nutritional support to the children affected by AIDS, of age 5 and under. In the year 2022, Four children were provided nutritional support.

3.4. Community led Testing (CLT)

Community-led HIV testing service is an approach to expand up take of community-based HTS among populations with higher risk of HIV, particularly those who may not otherwise test for HIV. It has been proven to improve up take of HIV testing, and improving linkages to treatment and care- early on. In this approach, recommended by WHO, trained lay providers conduct a screening test, using a HIV Rapid Diagnostic Test Kit (RDT). Trishuli Plus have been conducting HIV test and counseling to migrant population and their spouses. During testing, if anyone is found to be HIV positive, they are referred to ART centers for treatment.

Trishuli plus performed a total of 348 HIV tests throughout the year, 2022, while the target was 360.

CLT-Target Vs Achievement



COMMUNITY LED TESTING (CLT)

Month	Index			Others			T=D+G	Reactive		Total
	M	f	Total	M	F	total		M	F	
Jan		1	1	16	15	31	32			0
Feb	6	1	7	9	15	24	31		1	1
March	1	5	6	18	8	26	32			0
April	3	3	6	10	16	26	32			0
May	2	4	6	7	16	23	29			0
June	6	9	15	13	1	14	29	1		1
July	2	4	6	11	13	24	30			0
Aug	2	3	5	7	7	14	19			0
Sep	9	4	13	10	10	20	33	1	1	2
Oct	1	3	4	2	1	3	7			0
Nov		1	1	8	5	13	14	2	1	3
Dec	1		1	22	37	59	60			0
			0			0	0			0
TOTAL	33	38	71	133	144	277	348	4	3	7

Among 348 HIV tests done, seven of them were found to be HIV positive.

3.5 Reactive Case finding

Out of the total 348 HIV tests performed in the year 2022, Seven of them were found to be reactive .The reactive cases were confirmed and enrolled to ART.

3.6 Other Activities

3.6.1 Monthly Staff Meeting:

Trishuli Plus conducted monthly meeting with the staffs every month with the objective to discussion the progress of the project, present activities, challenges and way forward. In the Meeting, the progress and present status of the project is discussed among the staffs. Similarly, all the staffs share the activities performed and works done by them throughout the month.

3.6.2 Co-ordination meeting with stakeholders:

Co-ordination meeting with press and stake holders was conducted successfully in Nuwakot, on the occasion of 27 November, 2022. A total of 16 individuals participated in the program, from different government and non-government organizations, Medias and other related stake holders. The program was facilitated by Program coordinator of Trishuli Plus, Ms. Shanti Ghimire. She shared about the organization, goals and objective of the program and presented on the activities of Trishuli Plus, achievement, effect of COVID-19 pandemic on PLHIVs and on the service delivery of the organization and the role of different stake holders. The program was interactive and helped to enhance co-ordination with different stake holders so that the upcoming activities could be conducted more effectively.

3.6.3 Board Meeting

Trishuli plus conduct something, every three months with the board members. In the meeting, the current activities, progress and achievements are shared among the board members. In addition to this, the challenges and problems faced are also shared and discussed in the meeting. Board members provide feedback and suggestions which is incorporated in the future days.

3.6.4 Distribution of Relief packages under C19RM:

The nationwide movement restrictions due to COVID-19 have been hampering the livelihood of PLHIV and Key Populations (KPs). The loss of job, particularly for daily wager PLHIV and KPs made it difficult to meet their ends. The main goal of this program was to provide basic food package support for financially weak PLHIVs. The package was distributed to the clients who fulfilled the given criteria, i.e. received HIV prevention and testing services and those having daily income are lest honor equal to daily wage (NPR577) as stipulated by Nepal government. Trishuli plus provided relief package support to Compiled assessment fifty PLHIVs with low economic status. The information collected by social mobilizes for relief package distribution was checked and verified by finance and administration officer, before providing the package Thirty PLHAIVs. Monitoring was done continuously throughout the process.

A Total of 30 PLHA client received relief packages , in the year 2022.

Nutrition Support Program 2022

Month	Date	Traget	Distribution	Remarks
November	25-Nov-22	40	30	

3.6.5 Viral Load Sample Collection:

Trishuli plus conduct a three time viral load sample collection. This organization Trishuli plus has collection a sample of 140. The report of which has also been received.

Table of Viral Load sample collection.

Date	Traget	Male	Female	S.c	Report	Suppressed V.L	Remarks
14-06-2022	40	16	15	31	30	1	
16-09-2022	80	30	47	77	77		
25-11-2022	40	17	15	32	32		
Total	160	63	77	140	139	1	

CONCLUSION

Trishuli Plus, a community action group established in 2006, is a community based non-profit, politically non-aligned, non-governmental organization (NGO) led and run by and for people living with HIV (PLHIV) and affected by TB to provide HIV and TB prevention, care, support and treatment services. Under the care and support program, there were a total of 170 PLHIVs received services from CCC of Trishuli Plus, Nuwakot. A total of 1130 condoms were distributed from CCC, throughout the year. A total of 170 clients were provided nutritional support, 26 clients were provided medical support, 138 clients received psychological counseling support from CCC in the year 2022. Similarly, a total of 644 adults and children living with HIV received Care and support services outside facilities(CHBC).A total of 3,160 condoms were distributed to the clients by CHBC staffs, throughout the year 2022. Under the CABA program, 17 children affected by AIDS were provided cash support from Trishuli Plus. Those children were provided Rs.1000 each month, for their development. In addition to this, two children were provided nutritional support by Trishuli Plus in 2022. A CABA committee has been formed including there present atives from DHO, CDO and other concerned stakeholders. In the year 2022, semi-annual CABA committee meeting was conducted by Trishuli Plus.Trishuli plus performed a total of 348 HIV tests through out the year, 2022. Among them, Seven of them were found to be HIV positive. Reactive cases were confirmed and referred to ART for treatment.

In addition to this, monthly staff meeting was conducted every month to share the ongoing activities and progress of the organization. Co-ordination meeting with press and stake holders was conducted successfully in Nuwakot, on the occasion of 27 Nov,2022.with the participation a total of 16 individuals, from different government and non-government organizations, medias and other related stakeholders. Trishuli plus conducts a meeting, every three months with the board members. In the meeting, the current activities, progress and achievements are shared among the board members. Trishuli plus provided relief package support to Thirty PLHIVs with low economic status, under C19RM program.

Therefore, despite the challenges and difficulties imposed by the pandemic situation as well as other issues, all the activities were performed effectively in the year 2022.

ANNEXI- List of Human Resources

Staff Mobility Chart:

SN	Name	Designation	Basedat
1	Shanti Ghimire	CCC Incharge	Nuwakot
2	Deepa Shrestha	Admin & Finance Assistant	
3	Durga Pudasaini	Paramedic cumcounselor	
4	Puspa raj Bhakrel	Support Staff	
5	Begmaya Ghale	Cook	
6	SunishaShrestha/	Paramedic	
7	Parbati Adhikari	Case Tracker CHBC	
8	BeliTamang	CHBC Mobilizer	
9	PratapTamang	CHBC Mobilizer	
10	Deepak Shrestha	CHBC Mobilizer	
11	DebakiKhanal	Hospital liaison officer	

ANNEXII-Photos



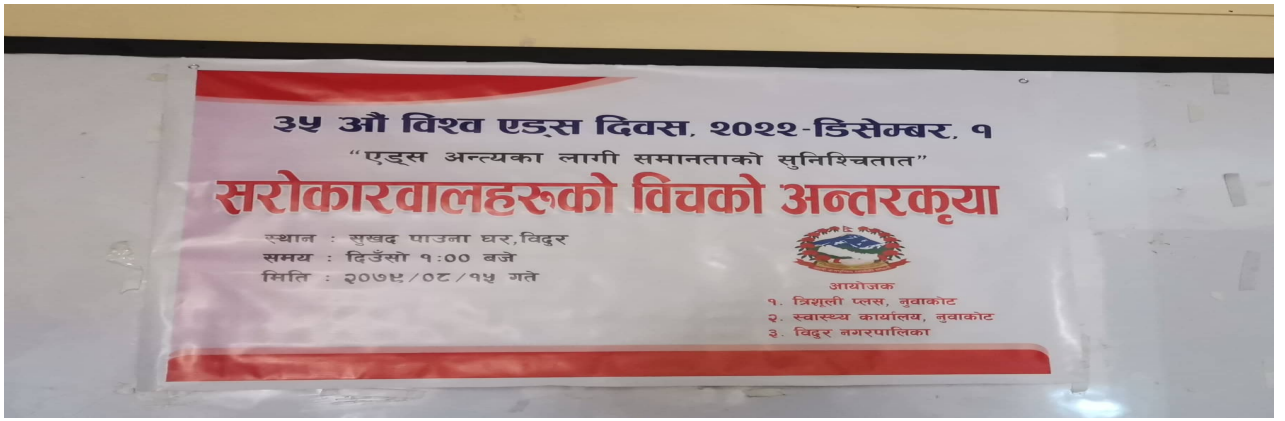
Coordination Meeting



Covid-19 Stigma Program



Social Auditing 2079



35 World AIDS Day (at Office)



VCT Camp (Waiting Line for vct)



Client



Client Recived medical cost



Prepare

Relife

package

distribution





